



YWAM TERNOPIL UKRAINE

Discipleship Training School

Application

Greetings from YWAM Ternopil, Ukraine! Thank you for your interest in our DTS. We are excited that you are thinking of us for this school and will be happy to answer any questions you have.

Guide to completing the supplement forms

The following items must be submitted before your application can be processed by the school staff. All of the questions must be completed. If a question does not apply to you, write N/A (not applicable). **Husbands and wives must complete separate forms. Children each have their own application.**

We need each item to complete your application:

- | | |
|---|---|
| <input type="checkbox"/> Submitted (first 2 pages) | <input type="checkbox"/> Supplement Questions |
| <input type="checkbox"/> Medical Forms (including your TB test result) | <input type="checkbox"/> Release Form |
| <input type="checkbox"/> \$20 Registration Fee (\$35 per married family) | <input type="checkbox"/> Friend Reference |
| <input type="checkbox"/> Burial Statement | <input type="checkbox"/> Pastor Reference |
| | <input type="checkbox"/> Employer/Teacher Reference |

Application: Please fill out and sign the next 2 pages and submit them with the other forms. These pages will start your file.

Registration Fee: Each applicant must pay a non-refundable \$20 USD registration fee (\$35 per married couple). Your application cannot be processed without it.

Application Questions: Please prayerfully answer the Application Questions. This is your chance to recommend yourself to the DTS staff so you can make your answers as details as you like.

Confidential References: Three confidential references are enclosed. One reference should be given to each of the following: Friend, Pastor, Employer or Teacher. Please request that they fill it out and mail it directly to the YWAM, DTS Ternopil (dtsternopil@gmail.com) or you may want to give them a stamped envelope with our address on it..

Medical Requirements: The confidential health form must be completed and signed by a nurse/physician. A TB test is required of every student and family coming to study here. This is for your safety and the safety of our staff due to living in such a close community together. Documentation must clearly indicate the TB test performed and the results. Fill out the childhood immunization records as completely as possible. Any boosters should be received within the last five years. These details are very important – your application cannot be processed without them.

Burial Statement: Please read and sign this form. If you are under 18, a parent/guardian must sign for you.

Passport: If you do not have an international passport you must apply for one immediately. Each accompanying family member must have their own.

If you require another copy of any of the forms please email to us.



YWAM TERNOPIL UKRAINE
Discipleship Training School Application
Please return this form to:
 YWAM DTS
 Ukraine, Ternopil,
 PO BOX 590
 46011 E-mail: dtsternopil@gmail.com

Important!
Attach Recent Photo Here
(or email one to the Registrar)

I wish to attend the DTS beginning: _____ month _____ year Registration Fee enclosed: Yes No
 (\$20 per adult or \$35 per married couple)

Name: _____
 Mr./Mrs./Miss _____ last name first name middle name prefer to be called

Present Address

PO Box/Street _____
 Town _____
 City _____
 State/Province _____
 Postal Code Country _____
 Home Phone (include country code) _____
 Cell /Mobile (include country code) _____
 Email _____
 Skipe _____

Permanent Address Same as present Different:

PO Box/Street _____
 Town _____
 City _____
 State/Province _____
 Postal Code Country _____
 Home Phone (include country code) _____
 Cell /Mobile (include country code) _____
 Email _____
 Skipe _____

Emergency Contact

Name _____
 Relationship _____
 PO Box/Street _____
 Town _____
 City State/Province _____
 Postal Code Country _____
 Emergency Number (include country code)- _____
 Email _____

Home Church

Name _____
 Pastor's Name _____
 PO Box/Street _____
 City State/Province _____
 Postal Code Country _____
 Phone _____
 Church Email _____
 Length of Attendance _____

General Information

Age _____ Country of Birth _____
 City of Birth _____
 Date of Birth (MM/DD/YY) ____/____/____
 Country of Citizenship _____
 Do you have a passport? Yes No In Process
 If yes, when does it expire?
 (MM/DD/YY) ____/____/____
 Full name and birth date as it appears on your passport: _____

Marital Status

Please circle one: Single Engaged Married
 Separated Divorced Widowed

Maiden Name _____
 Spouse's Name _____
 Anniversary (MM/DD/YY) ____/____/____
 Number of children accompanying you _____
 Name of 1st child _____
 Birth date (MM/DD/YY) ____/____/____
 Passport? Yes No In Process
 Name of 2nd child _____
 Birth date (MM/DD/YY) ____/____/____
 Passport? Yes No In Process
 Name of 3rd child _____
 Birth date (MM/DD/YY) ____/____/____
 Passport? Yes No In Process

Educational History:

Secondary/High School or equivalent, from which you graduated/will graduate:

Name _____ Location _____

Date of Graduation (MM/DD/YY) ____/____/____ I did not complete high school.

College/University/Vocational School/Seminary Attended:

Name _____ Location _____ From _____ to _____

Name _____ Location _____ From _____ to _____

Occupational Skills: _____**Musical Ability or other Talents:** _____**Miscellaneous Information:**

How did you hear about the YWAM Ternopil? _____

What reasons most influenced your decision to apply for the DTS in Ternopil? _____

Do you plan to pursue a University of the Nations degree? _____

Financial Support:Do you have your complete school fees? Yes No/working on it.

If yes, from where? _____

If no, how much do you have at this time? \$ _____ in U.S. Dollars

If no, how do you plan to pay for your schooling? _____

Do you have any outstanding debt? (please explain) _____

Acknowledgment of Financial Responsibility*I confirm that I understand that payment of the required school tuition fees must be made upon or before my arrival, unless otherwise arranged with leadership prior to the beginning date of the course, and I agree to do so. I also confirm that I am fully aware of my financial obligation, both to the Lord and to the students and staff of the school. I also understand that should I choose to leave the program prior to completion I am not entitled to a refund. I therefore promise to keep my word in paying in a timely manner all personal expenses incurred during my involvement with Youth With A Mission.**I have completed all portions of this application for admission to the school, course or outreach for which I am applying. If I am accepted by Youth With A Mission, I will abide by the Spirit, rules and schedule of the school.*

Applicant's Signature _____ Date _____

Release of Liability*I/We do hereby release Youth With A Mission, International and Youth With A Mission, Ternopil, its agents, employees, and volunteers assistants, from any liability whatsoever arising out of any injury, theft, damage, disability, or loss of health, property, emotional stability, or life, which maybe sustained by said person during the course of involvement with Youth With A Mission.*

Applicant's Signature _____ Date _____

Signature of Parent or Guardian if the applicant is under 18 years of age.

Parent/Guardian _____ Date _____ Relationship _____

Consent for Treatment*I/We do hereby agree to the performance of such treatment, anesthetics and operations as in the opinion of the attending physician are deemed necessary on:*

Name (please print) _____

Applicant's Signature _____ Date _____

Signature of Parent or Guardian if the applicant is under 18 years of age.

Parent/Guardian _____ Date _____ Relationship _____



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Application Questions

Please return this form to:

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Ukraine, Ternopil,
PO BOX 590
46011

E-mail: dtsternopil@gmail.com

Discipleship Training School Application Questions

PERSONAL HISTORY

1. *Please describe your conversion experience and present relationship with God. How long have you been a Christian?*
2. *What is your purpose for attending the DTS? What areas of your character are you presently seeking God to further develop and improve?*
3. *Describe your present relationship to your local church and leaders, and your involvement there. Are they supportive of your involvement in mission work?*
4. *What do you hope to gain from this YWAM program and what are your long-term goals?*
5. *Do you have any physical disabilities that we should be aware of? Have you had any mental illness? If yes, please describe. Are you presently taking any medication or under a physician's treatment? Do you have any special dietary needs? (i.e. vegetarian, food allergies)*
6. *Are you presently seeing a professional counselor for any issues? Do you have a need for professional counseling at this time? If yes, for what issues? Have you ever been in a group home living environment or in-patient psychiatric care? If yes, when?*
7. *If you are married and/or have children, please list these family members with their full name, date of birth and gender. Do they have any disabilities that we should be aware of?*
8. *Have you ever engaged in drug abuse or the occult? Do you use any tobacco products? (cigarettes, chewing tobacco)*
9. *How would you describe your relationship with your family? Do your parents approve of you attending a YWAM school?*
10. *Are you engaged? If so, has your fiancé(e) applied for the same school or outreach?*
11. *At YWAM Ternopil we require that spouses come and do the DTS together, even if one spouse has done DTS already. Are you prepared to do the DTS together as students?*
12. *If your spouse and/or children do not live with you, please explain.*
13. *Are there any unusual circumstances we need to know in relationship to your involvement in this school or outreach?*

MISSIONS

1. *How did you hear about Youth With A Mission, Ternopil, Ukraine?*
2. *Do you feel you have a call to missions? What is your specific commitment to missions – short or long-term? Do you feel that you have a calling to another nation or other cultures?*
3. *Do you believe you could live under pioneer conditions, i.e. different foods and culture, dormitory housing, or small rooms for families?*
4. *Do you plan to pursue a University of the Nations degree at this time?*
5. *Do you have any difficult situations to deal with in regard to attending the DTS? How can we pray for you?*
6. *If you were not accepted as part of this school, what would you do? (next step or alternatives)*

FINANCES

1. *Do you have the full tuition plus money for your travel to Ternopil? If no, how much do you currently have in US dollars? How do you plan on paying for this school?*
2. *Do you currently have any outstanding debt? If yes, what kind?*
3. *International students may not arrive with a one-way ticket. Therefore, do you have the funds to cover your roundtrip air fare?*

Note: You are not accepted to the school or outreach until you receive a letter or phone call from us.

I have specific need for counseling in the following area(s): _____

Have you been tested for HIV? Yes No If yes, what was the result? Negative Positive

Surgeries Performed:

Date (month/yr)	Type of surgery	Outcome & long-term effects

X-Rays Performed:

Date (month/yr)	Type of X-ray	Result

Are you presently under a doctor's care for any condition? Yes No If yes, please specify _____

Are you taking any medication at this time? Yes No If yes, please specify _____

Please arrange to bring all necessary long-term medications with you.

Do you now have, or have you ever received, any compensation for disability from any sources? Yes No
If yes, please specify _____

Family History

Have any of your relatives ever had any of the following:

	NO	YES	Relationship
Tuberculosis			
Diabetes			
Kidney disease			
Heart disease			
Arthritis			
Asthma, Hay fever			
Stomach disease			
Epilepsy, convulsions			

Part B: Physician's Evaluation

Applicant's Name: _____ Date: _____
 (last) (first) (middle initial)

To the physician:

Please review the information in Part A. Please treat all conditions that you feel require treatment and notify us of any problems that you feel merit follow-up by a health service. As certain conditions such as Diabetes, Epilepsy, heart disease and obesity may affect acceptance, please ensure that any pertinent information in these areas has been included.

To the applicant:

Please complete the requested information below. Upon acceptance, we recommend you obtain the following immunizations/injections (before arrival to YWAM TU): Typhoid, Hepatitis A, Hepatitis B, and Tetanus Booster (if you have NOT received one in the last 5 years). These are usually recommended by health agencies (Center for Disease Control, etc.) regardless of where you travel. Due to the varied outreach locations, other immunizations, injections and Malaria medication may be recommended and can be obtained before outreach. If you have ever been vaccinated for Cholera, Typhoid, or Yellow Fever, please check the box below and bring that information with you. If you were born after 1957, you will need a Measles booster (total of 2 Measles immunizations). Those born before 1957 are considered immune from Measles. Please be prepared financially to cover the cost of additional injections. If you decide NOT to receive the recommended immunizations/injections, you will be asked to sign a waiver stating that you understand the specific immunizations/injections recommended and are choosing not to obtain them. Please check the box below if you are NOT obtaining the recommended immunizations/injections.

<input type="checkbox"/> I have been vaccinated for the following: <input type="checkbox"/> Cholera <input type="checkbox"/> Typhoid <input type="checkbox"/> Yellow Fever	<input type="checkbox"/> I am choosing NOT to receive the recommended immunizations/injections.
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Childhood Record of Immunizations: Basic

Adult Immunizations: Booster

	MM/DD/YY	MM/DD/YY	MM/DD/YY		MM/DD/YY	MM/DD/YY	MM/DD/YY
Diphtheria							
Tetanus							
Pertussis							
Polio							
Rubella							
Measles							
Mumps							

Tuberculosis Control

Either a skin test or chest x-ray result is required within 6 months of your application. If you apply more than 6 months in advance and are accepted, another test is required and we need the result before you arrive.

	Date	Resulte	Examination Facility
Skin Test *			
Chest X-rat			

*If your skin test is positive, you MUST have a chest X-ray

Date of last DT (Diphtheria/Tetanus) booster: Month _____ Day _____ Year _____
 (Must be within the last 5 years.)

Height: _____ Weight: _____ Overweight: _____

Blood Pressure: _____ Pulse: _____ Blood Type: _____

Confidential Health Form Page 4

Visual Acuity (without glasses): R _____ L _____ (with corrective lenses): R _____ L _____

Urinalysis: _____ Last Pap Smear (not compulsory): _____

Are there any abnormalities of the following systems? (Please describe fully)

E.N.T. _____

Ophthalmological _____

Teeth _____

Neurological _____

Cardiovascular _____

Respiratory _____

Musculoskeletal _____

Endocrine _____

Lymphatic _____

Dermatological _____

Hernial Orifices _____

Urological _____

Psychiatric _____

Recommendations for follow-up tests/treatment: _____

Additional Comments: _____

How long has this patient attended your office? Years _____ Months _____ Weeks _____

Physician's Recommendation

(check one)

Acceptable without limitations.

Acceptable with limitations (specify) _____

Should remain in areas where adequate medical care is provided (specify) _____

Not acceptable.

Physician's Name :

Address:

Phone: _____ Date: _____

Physician's Signature: _____



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Statement of Burial/Mediation

Burial Statement

We at Youth With a Mission of Ternopil, Ukraine, encourage each YWAM staff, prospective student, and volunteer to seriously consider some possible consequences of missions work and training. Although death is extremely rare in service with Youth with A Mission internationally, it is nevertheless an experience that awaits each one of us eventually. It is important that we all prepare for such possibilities and have a clear plan of action if such instances arise during our time of study or service within Youth With A Mission.

In extensive travel in less developed countries, diseases are more prevalent, fatal accidents, sickness and mishaps can occur. Youth With a Mission of Ternopil, Ukraine, does everything possible to protect staff and students while on the field, but death is something that can occur. In these countries, burial is often a real problem. We would strongly encourage burial on the field, as decay can start very quickly. Shipping a body home could cost several thousand dollars and often a special expensive coffin is required by law in some countries as well as having someone accompany the coffin on the return journey.

We endeavor to maintain a Christian view of death, it is not the final step but just a passage; the person is not in the coffin, just his/her earthly shell. Therefore the priority for limited resources on outreach must be for living.

In case of death, Youth With a Mission, Ternopil, Ukraine cannot commit to cover the expenses of burial or transport home from the country of death (developed or non-developed countries alike.) If the family desires to see a body transported back home, the family must incur the entire cost. Any burial costs incurred while on outreach (in the country that the death and burial occurs) are the responsibility of the deceased's family as well.

Applicant's Name (print): _____

Signature: _____ **Date:** _____

Children's Name(s) (print): _____

If applicant is under 18 years of age, the signature of a parent or responsible party is required:

Name (print): _____

Signature: _____ **Date:** _____